

Review Requirements Checklist  
GROUP LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<b>General Filing Requirements</b>		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
<b>Forms</b>		
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14 VAC 5-100-50 3	Form must be submitted in the form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy form which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If an application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insured Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply to Virginia or may disclose states where applicable.

Review Requirements Checklist  
GROUP LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC Caution notice	14 VAC 5-200-80 C 2	Required language.
30-day free look	§ 38.2-5208 A	
Notice to buyer	14 VAC 5-200-170 A 3	Required language.
<b>General Policy Provisions</b>		
Entire contract	§ 38.2-3529	Each policy shall contain a provision that the policy, any application of the policyowner, and any individual applications of persons shall constitute the entire contract. It shall state that a copy of the application of the policyowner shall be attached to policy when issued, that all statements made by the policyowner and insureds shall be deemed representations and not warranties and that no written statement made by any person insured shall be used in any contest unless a copy of the statement is furnished to the person, his beneficiary or personal representative.
Grace period	§ 38.2-3527	Each policy shall contain a provision that the policyholder is entitled to a grace period of not less than 31 days for the payment of any premium due, except for the first premium.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	14 VAC 5-200-65 B	Reinstatement in the event of lapse if due to cognitive impairment or had a loss of functional capacity.
Misstatement of age	§ 38.2-3532	Each policy shall contain a provision that an equitable adjustment of premiums, benefits, or both, shall be made if the age of a person insured has been misstated.
Individual Certificates	§ 38.2-3533	Each policy shall contain a provision that the insurer will issue to the policyholder for delivery to each person insured a certificate of insurance.
Notice of claim	§ 38.2-3534	Each policy shall contain a provision that written notice of a claim shall be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy.
Claim forms	§ 38.2-3535	Each policy shall contain a provision that the insurer shall furnish forms for filing proof of loss within 15 days after the insurer has received notice of any claim.
Proof of loss	§ 38.2-3536	Each policy shall contain a provision that written proof of loss shall be furnished to the insurer within 90 days after the date of loss.
Time payment of claims	§ 38.2-3537	Each policy shall contain a provision that all benefits payable under the policy other than benefits for a loss of time shall be payable within 60 days after receipt of proof of loss.
Payment of claims	§ 38.2-3538	Each policy shall contain a provision that benefits for loss of life of the person insured shall be payable to the beneficiary designated by the person insured. If policy contains family status conditions, beneficiary may be the family member specified by the policy.
Physical examinations and autopsy	§ 38.2-3539	Each policy shall contain a provision that the insurer shall have the right to examine the policy for whom a claim is made, when and as often as it may reasonably require during the pendency of a claim or make an autopsy where it is not prohibited by law.

Review Requirements Checklist  
GROUP LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Legal actions	§ 38.2-3540	Each policy shall contain a provision that no action at law or in equity shall be brought to recover on a policy within 60 days after proof of loss has been filed in accordance with policy requirements and that no such action shall be brought after the expiration of 3 years from the time that proof of loss was required to be filed.
Claims experience	§ 38.2-3540.1	Each policy shall contain a provision that a complete record of the policyholders' claim experience shall be provided, upon request. This record shall be made available not less than 30 days prior to the date upon which premiums or contractual terms of policy may be amended.
Continuation or conversion	14 VAC 5-200-60 D	Mandatory except for reasons stated.
Discontinuance and replacement	14 VAC 5-200-60 E	Coverage and premium requirements under the replacement policy.
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Termination Notice	§ 38.2-3542	Written notice of termination must be provided to certain employers prior to termination of coverage.
Prohibited Provisions	§ 38.2-5203	Specified provisions prohibited.
	§ 38.2-5205	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
<b>LTC Policy Requirements</b>		
Duration of benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of premium for cancellation or termination of policy	§ 38.2-5202.1	Provides for the termination of the policy by the <b>insured</b> and for cancellation of the policy by the <b>insurer</b> .
Preexisting condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included and labeled as "Preexisting Condition Limitations".
Disclosure	§ 38.2-5207 2 c	Statement that group master policy should be consulted to determine governing contractual provisions.
	§ 38.2-5207 4	Prominent disclosure identifying a certificate as a qualified or federally tax-qualified plan.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and exclusions	14 VAC 5-200-60 B	
Extension of benefits	14 VAC 5-200-60 C	
Required to offer inflation protection	14 VAC 5-200-100 A	
Readability certification	14 VAC 5-110-60	Readability certification is required if policy issued to a group with fewer than 10 members.

Review Requirements Checklist  
GROUP LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC personal suitability worksheet	14 VAC 5-200-175-C 2	Must be in no less than 12-point type and include the information and in the format as shown in Form A.
Rates	§ 38.2-316	
Policy issued out-of-state covering residents of VA.	14 VAC 5-200-155	Must submit proof that the group policy or certificate has been approved by a state having statutory or regulatory long-term insurance requirements similar to those in VA.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

**Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at**  
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles group long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist  
GROUP LONG-TERM CARE

I hereby certify that I have reviewed the attached group long-term care filing and determined that it is in compliance with the group long-term checklist.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ FAX No: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_